2002

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2002

SECTION A

MONTANA

TOTAL NUMB	ER OF INFANTS AND TODDLERS R	ECLIVING EARLY INTERVENTION		
			AGE AS OF DECEMBER 1:	
	Total .	birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 35 months)
TOTAL (ROWS 1-5)	574	127	178	269
1. AMERICAN INDIAN OR ALASKA NATIVE	/03		9.1	
2. ASIAN OR PACIFIC ISLANDER	. 4			
3. BLACK (Not Hispanic)	10			
4. HISPANIC				
5. WHITE (Not Hispanic)	442			

OMB NO.: 1820-0557

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TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2002

SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

STATE:
MONTANA

				, //JUIN
NUMBER (THESE INFANTS ANI	R OF INFANTS AND TODDLE. D TODDLERS SHOULD BE IN	RS IDENTIFIED AS AT-RISK NCLUDED IN COUNTS FOR SEC	CTION A)	•
			AGE AS OF DECEMBER 1	,
•	Total	birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 36 months)
TOTAL (ROWS 1-5)				
· 1. AMERICAN INDIAN OR ALASKA NATIVE				
2. ASIAN OR PACIFIC ISLANDER				
3. BLACK (Not Hispanic)				
4. HISPANIC				
5. WHITE (Not Hispanic)	·			

SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TODDLERS WHO RECEIVED FROM 10 1 101 TO 9 130 102 (SPECIFY EXACT DATE) EARLY INTERVI TES)	ENTION SERVICES		· ,	
1274			AGE: birth through	2	
NUMBER OF INFANTS AND TODDLERS	,				

TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2002

MONTANA

Section A: Report by Individual Age Year

	AGE GROUP AS OF DECEMB	ER 1		
PROGRAM SETTING '	Total	Birth-1	1-2	2-3
TOTAL (ROWS 1-7)	574	127	178	269
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	/	. /	0	0
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	20	2	.3	15
3. HOME	527	117	165	245
4. HOSPITAL (INPATIENT)	5	4	/	0
5. RESIDENTIAL FACILITY		0	. 0	0
6. SERVICE PROVIDER LOCATION	20	2_	9	9
7. OTHER SETTING*	. /	1	0	0

^{*} Please list the Other Settings Included:

TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 7/3,1/2004

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THÈIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2002

STATE:

MONTANA

Section B: Report by Race/Ethnicity

PROGRAM SETTING	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACĶ (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
TOTAL (ROWS 1-7)	574	4	10	15	442	103
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	10	0	0	0	10	0
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	20.18	0	0	2	13.12	65
3. HOME	528	4	9	13	408	94
4. HOSPITAL (INPATIENT)	5	0	1	6	3	/
5. RESIDENTIAL FACILITY	0	0	. 0	. 0	0	0
3. SERVICE PROVIDER LOCATION	20-22-	. 0	0	/	17.18	23
7. OTHER SETTING*	/	0	0	. 0	. /	0

^{*} Please list the Other Settings included:

TABLE 3

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS 2002-2003

12-Month Reporting Period (From MM/YY): 1/01/0/ 6/50/02

STATE: MONTANA

DEACONG FOR FUE		ASIAN OR PACIFIC	BLACK		WHITE (Not	AMERICAN INDIAN OR
REASONS FOR EXIT	TOTAL	ISLANDER	(Not Hispanic)	HISPANIC	Hispanic)	ALASKA NATIVE
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING (ROWS 1-9)	521	4	6	19	404	88
SECTION A: PROGRAM COMPLETION						•
COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	115	2	0	1	92	20
2. PART B ELIGIBLE	156	0	/	11	138	6
NOT ELIGIBLE FOR PART B, EXIT TO OTHER PROGRAMS	29	0	0	0	24.27	32
4. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	5	0		0	4	0
5. PART B ELIGIBILITY NOT DETERMINED	28	0	. /	/	14	12
SECTION B: OTHER EXIT REASONS			•		-	
6. DECEASED	7	0	0	0	5	2
7. MOVED OUT OF STATE	72	0		0	61	10
8. WITHDRAWAL BY PARENT (OR GUARDIAN)	64	2	1	/	41	19
9. ATTEMPTS TO CONTACT UNSUCCESSFUL	45	0	1	5	23	16

TABLE 4

OMB NO.: 1820-0556

FORM EXPIRES: 7/31/2004

REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED TO INFANTS, TODDLERS, AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2002

STATE: MONTANA

				V	
	NUMBER OF INFAN	ITS AND TODDLERS RECEIVIN	(BIRTH THROUGH G SERVICES	12) AND THEIR FAM	ILIES
Total	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
49	50 1	0	2	37	1.0
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374	317 3		7		85
82	7		5		15
111	2				2/
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			/		4
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					<u>27</u> 35
		, U			
27 2219	Ben	<i>T</i>			<u>50</u>
1/2					
	,				20
					8
	Total 49 176 374 82 116 30 137 166 179 42	Total ASIAN OR PACIFIC ISLANDER 49 50 1 176 1 374 317 3 82 1 116 2 30 0 137 1 166 0 179 2 42 0 118 0 118 0 1253 250 20 0 42 0 42 0 42 0 43 1	Total ASIAN OR PACIFIC ISLANDER (Not Hispanic) 49 90 1 0 176 1 0 374 317 3 8 82 1 2 116 2 2 30 0 1 137 1 1 166 0 1 179 2 0 179 2 0 179 2 0 179 2 0 179 2 0 179 2 0 179 2 0 179 2 0 179 2 0 178 0 1 178 0 1 178 0 1 178 0 1 178 0 1 178 0 1 178 0 0 179 2 0 170 237 237 257 0 1	Total ASIAN OR PACIFIC ISLANDER (Not Hispanic) HISPANIC 49 D / O 2 176 / O 8 374317 3 8 7 82 / 2 2 2 30 O I 2 137 I I I 4 166 O I 4 179 2 O 4 178 O I 3 178 O I 6 179 A 8 170 A 8 17	Total ASIAN OR PACIFIC ISLANDER (Not Hispanic) HISPANIC (Not Hispanic) 47 50 1 0 2 37 176 1 0 8 153 344317 3 8 7 274 82 1 2 5 59 116 2 2 2 89 30 0 1 2 22 137 1 1 4 102 166 0 1 4 143 179 2 0 4 152 42 0 0 0 38 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 3 79 118 0 1 4 8 193 11237 50 1 6 213 42 0 0 3 19

Please list the Other Early Intervention Services Included: <u>Alternative</u> therapy; toddler group; parenting class; theren; interpreter; mt adaptive equipment; RIC; Carly Headstart; public health nurse; NICU follow-up Clinic; CP Clinic; the Lapeutic horseback reding; pwimming; cleft Clinic; daycare for Socialization; Hab aide; Shriners; Shodain; Partnerships & ORIGINAL SUBMISSION/REVISION Strengthen Jamilies

CURRENT DATE: 1/30/03

TABLE 5

OMB NO.: 1820-0556

FORM EXPIRES: 7/31/2004

NUMBER AND TYPE OF PERSONNEL (In Full-Time Equivalency of Assignment) EMPLOYED AND CONTRACTED TO PROVIDE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

December 1, 2002

STATE: MONTANA

EARLY INTERVENTION SERVICES PERSONNEL	FTE EMPLOYED AND CONTRACTED (for ages birth through 2)
TOTAL (ROWS 1-15)	62.8121
1. AUDIOLOGISTS	. 1299
2. FAMILY THERAPISTS	. 18 18
3. NURSES	6.0507
4. NUTRITIONISTS	. 4759
5. OCCUPATIONAL THERAPISTS	3.0372
6. ORIENTATION AND MOBILITY SPECIALISTS	. 0118
7. PARAPROFESSIONALS	2.3570
8. PEDIATRICIANS	. 6228
9. PHYSICAL THERAPISTS	2.5865
10. PHYSICIANS, OTHER THAN PEDIATRICIANS	. 4363
11. PSYCHOLOGISTS	. 0720
12. SOCIAL WORKERS	2.0245
13. SPECIAL EDUCATORS	2.1188
14. SPEECH AND LANGUAGE PATHOLOGISTS	4.8043
15. OTHER STAFF*	37, 9026

Please list the Other Professional Staff included: Family Support Specialists; Coordinator; Secretary; Early Headitart staff; public health newses; therapeutic horseback riding instructors; swimming instructors; hierses for NICU follow-up clinic